APPALACHIAN FESTIVAL OF YOUNG VOICES

Participant Information

(This form is REQUIRED from every person attending the 2012 Festival.)
These forms MUST be received in the ACC Office by March 1st.

Category: (Circle one) Chorister Chaperone Choir Staff Other Traveler/Family

Name(as you would like it on your nametag): _____

Home Address: _____
Street City State Zip

Chaperone/Staff/Parent/Other email: _____

Chorister email: _____

Home Phone: _____Chaperone/Staff/Parent /Other Cell Phone: _____

Polo size (circle one):
(ladies size runs a little small)
Youth: XS(4) S(6-8) M(10-12) L(14-16) XL(18-20)
Ladies: XS(2) S(4-6) M(8-10) L(12-14) XL(16-18) XXL(20-22)
Men's: S M L XL XXL 3XL

CHORISTER ONLY: Birthdate: _____Height: _____ Vocal Part (circle one): SI SII Alto
In 2-parts (circle one): Soprano Alto

All Participants: Please indicate if you have dietary restrictions or requests (e.g. vegetarian, allergies, etc): _____

_____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to participant: _____
First Last

Address: _____
Street City State Zip

Home Phone: _____ Work/Cell Phone(1): _____

Work/Cell Phone(2): _____

MEDICAL RELEASE:

In the unlikely event that my child becomes ill or is injured and I cannot be immediately contacted at the time of the emergency, and if in the judgment of the staff of the Appalachian Children's Chorus immediate observation and/or treatment is necessary, I hereby authorize and direct the staff of the ACC to send my child (properly accompanied) to the hospital or physician most easily accessible. Further, I release the ACC and their employees and agents from any and all claims in connection therewith.

IN FULL UNDERSTANDING OF THE ABOVE STATEMENT, I SIGN BELOW:

Signature of Parent or Guardian: _____ Date: _____